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ABSTRACT

The disabled reader's measurably low success in processing print creates tension, stress, and increasingly negative perceptions of the reading act and of the reader's own beliefs about his or her personal competencies. The task of the reading specialist might be facilitated by conscious and increasingly skilled application of psychotherapeutic techniques whose immediate uses could alleviate or reduce psychic suffering, anxiety, guilt, shame, and conflict. Some techniques the remedial reading specialist might use to achieve this include (1) stress or tension relief techniques designed to provide comfort, security, and a feeling of confidence; (2) awareness or effort activation techniques designed to establish student awareness, insight into ambivalence, conflicts, and the students' awareness of their uniqueness; and (3) the understanding of skills paradigm/self-directed activation techniques designed to establish students' understanding of sequences for resolving problems ranging from decoding to studying and theme writing, and to facilitate utilization of their own problem solving abilities. (Activities are suggested for each of these techniques.) (HOD)

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PSYCHOTHERAPEUTIC TECHNIQUES APPLICABLE TO REMEDIAL TREATMENT OF READING DISABILITIES*

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"...the most monumental superstition of our century...is the type of science which treats man as a salivating Pavlov dog, or an overgrown Skinner rat or a Crick-robot programmed by its genetic code..."

Arthur Kostler
(from The Call Girls, 1973
Random House, p. 118)

I. READING DISABILITY - THE STATE OF THE ART

Every age is preoccupied with its own disorders, its particular diagnoses and medicines. Ours is no different. We have been chopping away at our ignorance regarding reading problems for about a century now. It has been slow, storing up hard-earned information. Wisdom is even less accessible and we are far from having systematic modes for treating this malady. Our superstitions prevail, we manipulate our victims, objectives and subobjectives triumph.

While we are increasingly feeling more confident in examining reading behavior and more facile in observing how the patient malfunctions in processing text, "what the patient is suffering from," and "what we can do about it" continues to be somewhat equivocal. It has been pointed out that "many learned experts will prescribe different remedies for the same malady."[13]

It has for sometime been debated as to whether or not it is necessary to elicit origins or etiologies prior to providing remedial assistance. Given that "misdiagnosis or diagnonsense is undertaken by the unprepared, on behalf of the unwilling to accomplish the unnecessary," [14] it might be on the better side of

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wisdom to leave etiologically oriented diagnosis to politicians or historians. While we continue to note important proportions of reading problems in our nation's student and adult population, an explanatory system which describes, predicts, and possibly leads to documented strategies to guide attempts to deal with the phenomenon is not apparent.

The beginnings of an epidemiology of reading disabilities have yet to be begun, specifically an empirically documented account of risk factors, onset, incidence, specific categories of the condition, diagnosis, prescription, treatment, and sequaelae.[3] There is a dearth of systematic reporting on these parameters of reading disabilities; particularly inadequate are attempts to creatively cross disciplines in the development of innovative treatment techniques.

The availability of multi-dimensional therapeutic categories, concepts, and models is inadequate and tools for effective, no less efficient, treatment tend to be narrowly based. Victor Frankl defined the term "Psychologicism" as attempts by psychologists to deal with human phenomenon exclusively through psychological terms, concepts, tests and methods. Much remedial treatment of reading disabilities today can be characterized as "Educationalism," attempts heavily, if not exclusively, emphasizing educational terms and methods.

II. READING DISABILITY - SOME PSYCHIC CONSEQUENCES

It is generally agreed that reading disability (that condition where proficiency in communicating via print is so poor that the individual suffers from educational and social handicaps) is not a unitary entity, but is rather a series of somewhat separate but overlapping clinical syndromes differing from one another in severity, etiology, and symptomatology.[1, 5, 17] Whatever forms of the condition students suffer from, the typical reading disability case is torn by contradictions.

In school, depending upon the severity of a reading problem, disabled readers exist in states of prolonged dependency and third class status. Being manifestly

inept in a socially imposed and a relentlessly lauded mode of learning and communicating, they are often viewed and treated as marginally adequate or defective individuals. Tested, labelled, segregated and prescribed for, they become alienated from print and reading paradoxically by the very professions trained to help them and through the very materials designed to facilitate their growth in reading.

Their measurably low success in veridically and efficiently processing print creates tension, stress, and increasingly negative perceptions of the reading act and their own beliefs about their personal competencies.

Given that most problem readers perform marginally if not barely adequately at readability levels one to many years below their chronological age or grade placement (and even at low levels they must expend maximum effort to decode, extract meaning and process text), these disabled readers suffer from stress and fatigue when attending to print and heavy loss of psychic energy. They spend a good deal of their time worrying, hiding from their problem, being ashamed and in conflict over their marginality and helplessness in understanding and trying to cope with their condition and situation.

They have a hard and difficult time. Their attempts to succeed or even cope with tasks required in school or everyday work involving the use of books, notes, written tests and directions are refractory experiences, and in the incredible worlds of school, home and work, the problem reader develops a set of anxieties which accrue from negative experiences, failure, labelling, frowns, headshakes, admonations, threats and personal rejection.

In a massed society where homogenization of persons permits few degrees of freedom for any individual to deviate, disabled readers' failures to become at least average in reading results in traumatic personal ejection from the educational factory assembly line. In school, failure to learn to read adequately and non-response or resistance to subsequent attempts to assist him all too often by techniques

resurrecting the very approaches under which he had not previously progressed, result in an inversion of consciousness. His authenticity as an individual will be jeopardized and then lost; nothing he has ever done or will do successfully in or outside of school will be perceived as real or valid by adults important to him; eventually perhaps he will develop the same perceptions of himself, unless he experiences manifest improvements in reading.

Remedial treatment attempts, if predominantly providing more of the same reading instruction in a milieu of "hyperintention" and "overkill" where he is exposed to too much print situmlation, excessive adult concern, overintense emotion and efforts to help him, do not assist. Outer and other directed instruction increases the pressure, embarrassment, and hyperconsciousness he experiences, makes more vivid to him real or imagined limits and limitations and exaggerate his sense of helplessness, isolation and ultimately unworthiness.

III. PSYCHOTHERAPY AND PSYCHOTHERAPEUTIC TECHNIQUES

Diagnosis and prescription are ideal things, treatment is real. Confusing the ideal for the real can lead to misfortune, even chaos. Psychotherapy utilizes techniques which provide real treatment of human needs of individuals. It is a profession arising out of the tradition of medicine but differing gradually over time from classical medicine due to the nature of the conditions addressed and the methodologies for treating them.[8] This discussion neither denies nor attempts in any way to usurp the exclusive rights of those mental health professions credentialled to work with the clients our society has designated.

Psychotherapy deals, however, with human beings having problems of the spirit, ailments of the soul, ideas, experiences, emotions, self-perceptions, habits and styles which block or debilitate effective functioning. These conditions are neither directly measurable (although partially observable) by reading tests nor are they necessarily cared for or cured by workbooks, skill building exercise or

actual experience and practice in reading. The chart is not the patient, the Individual Educational Plan is not the pupil, the prescription is not the correction. Indeed the prescription might be correct for the illness, but not for the person.[11]

Why talk about psychotherapeutic techniques to educators, specialists, professionals trained in reading? If reading disability predisposes some groups to suffer from such psychic difficulties and other groups suffer from such difficulties which predispose them to reading disabilities, the traditional concrete educational treatments directed at the reading problem alone might not universally lead to efficient or even successful change. Psychotherapeutic techniques would be complementary to the reading technique storehouse of the remediationist and should be applied appropriately to the on-going remedial treatment operations.

Just as it is uncertain, however, as to whether educators are suited to assume such a role, so too it is clear that they have never and will never be able to escape it. For whatever the educator is perceived to be, he is a pragmatist and no student who has ever been treated as a Pavlov dog, Skinner rat or Crick-robot acts like one very long. If psychotherapy is defined as a process of influencing human behavior successfully or unsuccessfully, that is what educators do and what education is about. Teaching and influencing are indivisable and far more individuals than those with credentials engage in psychotherapy. Interpersonal actions and exchanges involving reciprocal communications, verbal and non-verbal, that help individuals decide what they are, want to be and want to do, are regularly occuring events in the lives of ministers, doctors, coaches, husbands, wives, grandparents, parents, brothers, sisters, salespersons, executives, and teachers. There should be no uncertainty about the role we have to play.

If any professional's major creed is the skillful application of knowledge via technique to change others, then the techniques of psychotherapy could facilitate

their work. The reading specialist particularly might be facilitated by conscious and increasingly skilled application of techniques whose immediate uses could alleviate or reduce psychic suffering, anxiety, guilt, shame, and conflict.

No teacher is advised to play therapist for individuals who need a specialist, a trained credentialled expert in the mental health professions. There are many times, situations, and instances where, with groups and/or individuals, it might be inappropriate to act on the ideas and techniques which follow. No teacher is advised to "be a psychotherapist" however. When it is legitimate to reduce stress, provide support, foster insights, awareness, and freedom to become self-directed, we advise that this be seen as a valuable, if not critical, part of remedial reading. We advise all who are so inclined and able to take training, courses, workshops and even graduate programs that would provide basic knowledge under experienced responsible, and expert guidance, and directed reading and study which is the basis for understanding and skillfully applying psychotherapeutic technique. Avoid doing any sort of work like this if you are uneasy or unsuited for it.

The task of the remedial educator is not to probe beneath the symptoms nor to reshape an individual's life and behaviors. The immediate and major aim is to reduce pain, trouble, and tightness, deflect the things that are impeding the individual's ability to read, tap into those characteristics of the person that give him the will to succeed, find those aspects of his life that work---the outside realities, the real life of the person---it holds the secrets for the correction of the malfunctioning aspects of his life. The monumental superstition that a human being is nothing but an S-R chain must be undone in remedial reading. The conditioners who remediate reading problems with nothing but drills, practice, and reinforcements for observable salivations violate what we know about living things and have lost awareness of the possibilities inherent in human existence.

IV. A REMEDIAL READING TREATMENT MODEL

Some Gestalt qualities of a treatment system in this domain can be deduced from clinical experience, observation, and inference. The table below sets forth some dimensions involved in the process of remedial treatment of individuals for reading disabilities. The model hypothesizes two interacting and complementary processes (Affective-Psychotherapeutic and Cognitive-Remedial Reading) and three levels of remedial treatment change (Initial Symptom Relief, Intermediate and Final Symptom Resolution).

INSERT TABLE I HERE

It is hypothesized that effective (successful) and efficient (rapid/smooth) remediation is a function of skilled, sensitive, and sophisticated prescriptive delivery in the two domains with particular reference to the facility of the treatment system to skillfully interplay the affective-psychotherapeutic with cognitive-remedial reading technique. Specifically, to the extent that techniques from each are appropriately identified, delivered, and made operative on one another, systematically applied, and flexibly altered, success and rapidity of treatment would be predictable. It is further hypothesized that each subject, given the psychological dynamics involved, requires somewhat different prescriptions, dosages, and regimen.

It should be noted that the abuse of any psychotherapeutic technique (i.e. it is used when not indicated or contraindicated for an individual) could result in an adverse (negative) effect, or untoward (unexpected) reaction. Abuse and overuse of these techniques for individuals who do profit initially from these could result in dependence or tolerance effects (addiction, or need for higher and higher levels). The need for caution and care is strongly necessary in use of these techniques. It is essential to understand that individuals in therapy believed to be in need of

TABLE I

THE REMEDIAL READING TREATMENT MODEL

AFFECTIVELY-BASED PSYCHOTHERAPEUTIC PROCESS	COGNITIVELY-BASED REMEDIAL READING PROCESS	THREE LEVELS OF REMEDIAL TREATMENT CHANGE
(A) STRESS RELIEF	SUCCESSFUL/RELEVANT READING EXPERIENCES	I. INITIAL SYMPTOM RELIEF
(B) AWARENESS/ INSIGHT ACTIVATION	INTERESTING/CREATIVE READING EXPERIENCES	II. INTERMEDIATE SYMPTOM RESOLUTION
(C) UNDERSTANDING/ SELF-DIRECTION FACILITATION	ILLUSTRATED/AUTONOMY FACILITATING READING EXPERIENCES	III. FINAL SYMPTOM RESOLUTION

specialized mental health care should not be treated affectively. There should be appropriate referral for consultation.

Within every treatment system for a given individual, positive interactive effects from multiple therapies might be realized. For one type of chronically poor reader for example, rapid initial symptom relief at the first level of treatment change, is hypothesized to be possible when stress and tension relief is applied parallel with remedial reading experiences which deliver initial success in relevant reading situations that are socially rewarding. By the latter, it is meant that reading at this level leads to social interaction, relevant communicative contacts with others, and public recognition that the problem reader is reading, doing it well and is involved in some reading event that is enjoyable.

At the second level of change, when therapies which develop a sense of personal awareness and insight are delivered, parallel with remedial reading experiences which provide unique content, personally interesting reading events and outcomes (both individualized reading experiences and socially-interactive group content experiences) a rapid intermediate symptom resolution is hypothesized to be possible.

Finally to effect a final symptom resolution change, the treatment system should deliver a cycle of remediation for the student that interplays cognitive-remedial reading experiences which provide practice in developmentally appropriate reading acts with affective-psychotherapeutic technique that provides the client with deep understanding of the information processing sequences and devices for independent application and self-evaluation of one's efforts.

The critical issue underlying a remedial educational system, its "end-state," the central issue for which the entire system is organized, is to facilitate the handicapped reader both to attain steady growth in reading proficiency and flexibility, which enables the individual to be more capable than he was before, and also to enable him to be able to independently and efficiently deal with any and

all evnironmental expectations and demands on his newly acquired reading ability. He must be helped to improve in such a way that will allow him to survive and grow in the environment he must function in. To accomplish such a state the three levels of treatment change must lead steadily towards first building up proficiency and then comprehension of the skill paradigms developmentally appropriate to his chronological and educational stage of need, expectation, and aspiration.

For a nine-year old poor reader for example, who reads at a 2nd grade level, there is the need for a build-up of overall proficiency and decoding and comprehension skills paradigms to become internalized and independently practiced for eventual automatic activation. While for an older high school and college-bound poor reader, there are needs for higher levels of automaticity in reading to be developed involving flexible silent reading comprehension habits and processes leading to rapid efficient information processing of printed text, higher levels of thinking beyond text, and abilities necessary for utilizing text to acquire information for meeting a variety of tasks ranging from academic expectations to vocational, economic, political and personal needs.

The goals of the remedial reading treatment enterprise, as the goals of any living system, must be conceptualized as special forms of interdependence between the subject in treatment and the environment the student is or will be in. The student in treatment is being assisted to survive and grow in his environment. Because of this, any unfinished psychic business that the student might bring to the treatment condition could be as critical a component in the system as the direct concrete actions on the targeted problems. The typical reading remediationist is not trained to know or deliver the psychic techniques that this paper is addressed to. Due to various states of affairs in remedial reading, he is too often not well prepared to deal with the remedial reading process as well. The rate of progress that the remedial enterprise can realize, ideally, greater success with

relatively no more or even less effort, under increasingly more complex conditions, is hypothesized to be managed best by matching the role of the enterprise to the requirements of the environment. The appropriate blending of individual needs and environmental demand with affective and cognitive techniques should follow. This diagnostic measuring and then matching will, if done well, reveal not only the status of reading, but also the hard and difficult time the poor reader has had, the state of inattention, tune out, and blocked or debillitated functioning the poor reader typically presents and resultant needs to influence behavior in ways complimentary to mental health and improvement of reading. The last section presents some psychotherapeutic techniques of potential utility to remedial reading.

V. SOME PSYCHOTHERAPEUTIC TECHNIQUES

In this section psychotherapeutic techniques of some utility to remedial reading specialists are briefly presented under the three major headings from the Remedial Reading Treatment Model presented in Section IV.

A. Stress/Tension Relief Techniques - Level One of Change, Initial Symptom Relief

Sample techniques assigned to this category are designed to provide comfort, security and a feeling of confidence to the student. The teacher's deeds and acts are stress reducing, the remedial environment is supportive, understanding, accepting, free of tension, warm, courteous and interpersonal. An external dialogue and sense of belonging is established and this serves as a setting for the re-establishment of a sense of personal identity. The feeling of "being able to improve" and the ability to attend are developed.

(1) LET'S PRETEND (All Ages)

Method: Remedial teacher systematically reads fairy tales, or very short fictional stories always with themes of difficulties, problems, and/or hardships that result in very happy, successful, wholesome, and good endings. Group listens but is not questioned in any way; comments are allowed but not interpreted. The story is the lesson.

Rationale: Daily stories reassure that life can be viewed optimistically, that one with difficulties, problems, and/or hardships can take comfort and find security in good endings, in a happy, hopeful future.

2. CIRCLE WALK[16] (All Ages)

Method: Asking all to slowly walk in a circle trying to feel as relaxed as possible. Then ask them to tense each designated body muscle, beginning with face and neck down to shoulders, chest, arms, hands, stomach, pelvis, upper legs, etc. Increase the tension as much as possible. Slowly relax, beginning with toes and proceeding upward step-by-step.

Rationale: Encourages interaction with others, togetherness, belonging, release of muscle tensions, decrease in resistance, fuller experiencing of situation, feeling relaxed, recognizing the degree of one's initial tension before this experience.

3. INTRODUCING (Intermediate Through College)

Method: Individuals in a group pick a number representing one other in the group and form a two-person group (dyad). They meet (for 5 to 10 minutes) to find out about one another to introduce each other to the main group by name and in terms of any special things each wants the other to say. The "end" is to meet and introduce someone to the big group, "representing" the person introduced.

Rationale: Begins an external dialogue, initiates responsiveness, attention on a one-to-one basis, is a warm interpersonal experience, reduces feelings of aloneness, isolation, fosters togetherness.

4. WALKING THE BLIND (All Ages)

Method: One individual escorts another individual who is blindfolded around the room or through a quiet, safe hallway or place. Then they sit down together, remove the blindfold, and the person escorting gives the person he escorted a special treat (candy, coke, cookies). On other days roles are reversed.

Rationale: Creates a climate of mutual trust, caring, and emotional support. Enhances feelings of comfort, belonging, acceptance, and relaxation.

5. DYADS[16] (Intermediate Through College)

Method: Individuals in a group are paired forming a two-person group (dyad). This two-person meeting (5 to 10 minutes) is to try to understand each other by "giving" and "taking" information about one another. Each expresses oneself, receives the experiences of the other and sees where the pair is alike and/or different. The "end" could be to describe each other for the group.

Rationale: Fosters communications, teaches how to give and take, builds positive relations with another, one experiences oneself while doing this and boosts self-confidence.

B. Awareness/Effort Activation Techniques - Level Two of Change, Intermediate Symptom Reducation

Sample techniques assigned to this category are designed to establish student awareness, insight into ambivalence, conflicts, student's sense of his uniqueness.

The teacher's and student's words and deeds affect self-perceptions, trigger feelings of enjoying life, living, builds self-confidence, activates development of new goals, creates consciousness of self-directed changes and a new need for independent decision-making. An internal dialogue and sense of direction is established and this serves to enhance positive attitudes, motivation and the efficiency of treatment change. The feeling of "wanting to improve" is developed.

1. SELF-ANALYSIS OF LISTENING BEHAVIOR[16] (Junior High Through College)

Method: Students asked to self-examine as listeners or readers. They write descriptions of their body position, feelings while listening to a speaker or reading a book, where their eyes were, position and movements of hands, mouth, feet, lips, how tense or relaxed they were, how their thoughts were focused or wandered, what they thought about, preoccupations, etc. After writing the self-description, they engage in conversation about situations expressing what they wrote about themselves and what it means.

Rationale: Expands awareness by focusing on things happening within self pertaining to feelings, habits, styles of listening or reading, reactions which speaker or book had on one's receptivity for verbal or printed communications.

2. ESSENCE OF FEELINGS[16] (Primary Through College)

Method: An individual alone, or a group of persons are asked to make believe an object they all are given (a paper cup, piece of clay, drawing of a person) is a teacher, for example, or a book, etc. Leader says, "Suppose that he (or it) was a paper cup. What would you do?" It is not recommended that persons "do," just talk out what they here-and-now feel. Doing something to the object is not forbidden.

Rationale: Clarifies by converting feelings into verbal descriptions; externalization of the real object (teacher or book or assignment) allows feelings to come through, log-jams can be broken and repressed emotions, guilt and/or anxiety can be brought forward.

3. BREAKING-IN[16] (Intermediate Through College)

Method: One group (the "ins") stands in a circle, either looking inward if "excluders" are involved with one another--or outward (if they are "gate-keeping"). One person at a time tries to break-in, any way he wishes without undue violence. In a group, S's form a tight circle with interlocking arms or hands. S's discuss thoughts and feelings after the activity. Leader may clarify, reflect, or interpret feelings expressed.

Rationale: Explores personal feelings of failure, exclusion, isolation, loneliness, or alienation. Half-hearted, semi-violent and/or guile-like approaches bring forth self-understanding and feelings of how one expresses these needs and one's reactions to rejection which could be revealing and productive of change in self-awareness and perception of others.

4. FANTASY GAME[16] (Intermediate Through College)

Method: Leader asks group for someone to consider volunteering to "do" something, i.e. read a book at home, go to chalk board and write an answer to a question, or other similar duty. Then group is told that this was only a "set up" to ask them each to: "Imagine two persons inside your head. One is telling you to volunteer and the other, not to. Picture what they each look like (they can draw a picture) and what they are saying; tell who and why one finally wins. Be able to describe the two and tell us about it in two minutes. Close your eyes and imagine what happens between these two people inside of you who you are seeing and hearing."

Rationale: Helps clarify the elements of "conflict," or "ambivalence" by personifying the parts; develops increased internal awareness, understanding of, or insight into one's feelings, defines considerations involved in conflict, decision-making, and thinking.

5. SHIFTING EXTERNAL FOR INTERNAL CONTROL STATEMENTS (Intermediate Through College)

Method: Teachers conduct sessions where students are confronted with questions after a test, or an assignment is returned such as, "What did you want to do?" and "What could you have done about it?" Then, these internal thoughts are transferred to future events by using present and future tense (Now that he knows what he could have done, what will he do in the future?). In later sessions, students are helped to replace external control reflecting statements with internal ones. ("I am trying hard because of my parents," to" "I am trying to improve because I want to read better.")

Rationale: Students who are aware of their own goals and motivations to achieve know and are more interested in what they do, are doing, are more a part of their efforts, can be relied on more, are less in need of teacher attention and actually model after these types of questions.

6. LET'S CREATE (All Ages)

Method. Individuals are asked to create new things, first in highly structured situations (all children are given geometric shapes and cut out colored equivalents pasting them into unique patterns), later in less and less structured conditions (different endings to stories, different titles, new characters, new whole stories, etc.). Students are encouraged to bring out new creations, their works are posted, put into full view, and admired.

Rationale: Opens up uniqueness, importance and individuality of self, encourages attention, involvement, inner-self discovery, inside-out expression, establishment of an identity, hopefulness, zest, and tingle in seeing one's own creations up before others.

7. PERSONAL DESCRIPTION (Junior High School Through College)

Method: Individuals asked to select from a series of one word adjectives the five that best describes themselves and then later select and explain which five words are just the opposite of themselves.

Rationale: Focuses individual's attention on and awareness of what he thinks

he is like and what he thinks he is not like, establishes a sense of oneness, insight into who he is, can be used to begin a freedom of movement change stage.

8. PANTOMINE[7] (All Ages)

Method: An individual with another person, or a group, act out a situation they have jointly experienced (having to do with something important to them) without orally verbalizing what they are symbolizing. They then describe what it was they demonstrated. Students are asked to think, "How do I feel now?" "What is this feeling I am experiencing?" "Why am I feeling this way?"

Rationale: Fosters awareness, free expression of and an outlet for feelings, understanding, insight into inner thoughts, self-discovery and improved adjustments to situations creating anxiety.

9. PSYCHO/DRAMA[10] (Junior High School Through College)

Method: A structured, directed, dramatized acting out of personal, emotional, interactional and/or learning problems. Individuals act in situations simulating real life, role-playing in theatre-like settings, anxieties, conflicts, hostilities, or reliving traumatic situations. Individuals decide on an event and then without preparation act out situation.

Rationale: Releases expression of feelings, understanding of the here-and-now significance of previous events, insight into how and why they feel certain ways, establishment of sense of self and one's individuality.

10. WORK/EFFORT DESCRIPTION[7] (Intermediate Through College)

Method: Individual asked to describe what you are doing (or seeing or feeling or thinking or wishing, etc.). This is done orally or on a tape cassette for individual either to have reflected back at him or to listen to without any outside interpretation.

Rationale: Fosters individual's attention to his acts, activities, efforts, feelings, thoughts, or wishes (depending on what one thing he was asked to describe). Awareness is drawn to accelerate individual's insight into his own behavior, individual's contact with his own feelings. Teacher can ask person to exaggerate or intensify what he's doing so that he might become aware of ploys, shams being used. No interpretations given.

11. ASSETS AND LIABILITIES (Junior High School Through College)

Method: Individuals are asked to inventory themselves (either by means of structured word-card adjectives/adverbs or of open-ended themes---what one is "good" at vs. "bad" at, what one "has" vs. "needs," where one is "at" vs. needs "to move to," etc.). Teacher supplies appropriate diagnostic data either directly or indirectly (gives students direct data or limited data and student selects which data he believes tells about him, his reading, his skills, his habits, styles, etc.).

Rationale: Enhances self-understanding, consciousness of where one is and where one needs to go, permits examination of one's patterns of doing things,

provides for insight into one's situation, assists in decision-making and playing an active role in one's own improvement.

12. PROBLEM ROUNDS[7] (Intermediate Through College)

Method: Individual states a problem, a stress, an anxiety, a conflict, or an ambivalent situation he has to face or is in touch with. The problem theme then is faced by all others in a small accepting, supportive group and each says how he personally feels about the problem situation which the first student expressed and what the problem does to them.

Rationale: Frees expression of feelings provides reduction of anxiety, guilt, and stress. Permits for examination of self-defeating patterns and insights into one's own inner feelings and beliefs. Improves personal adjustment to and coping with one's own situations.

13. BEING THERE[7]

Method: Students come up with something that happened to them in the past that was significant (embarassment over being forced to read orally in front of a class, sarcasm and ridicule by classmates over a failure on a test, anger by father over a report card, etc.). The individual must reenact the drama in present terms, bringing it into the here-and-now, telling about what is felt now (good or bad; frightened or calm; angry or glad; sad or happy, etc.) and why.

Rationale: Triggering the past event can release ambivalence, guilt and anger; also awareness of one's present behavior as it relates to the past. Working through the past event can open up possibilities for the individual's efforts and efficiency which were previously blocked.

14. SWITCHING[7] (Junior High School Through College)

Method: An individual identifies a significant feeling, thought, belief, attitude, or behavior of his own in the here-and-now. He is then required to take the opposite position and play or act out exactly what the opposite comments, or acts would be.

Rationale: Individual gets to work out unfinished business underlying dislikes representing hidden feelings, latent beliefs, attitudes, thoughts, and habits. In playing these out he makes contact with parts of himself that he's hidden or submerged. This brings self into awareness, reduces anxieties by improving self-understanding and self-acceptance.

15. SELF-DIRECTED MANIPULATION OF CONTROL VARIABLES (All Ages)

Method: Teacher provides freedom and self-direction for students by opening up choices (selection) and giving individuals opportunity to voice (express) opinions ranging from self-selection of materials, to self-direction of when to begin reading, how long to continue reading, what to read for, where one should read, determining what degree of comprehension was obtained, etc.

Rationale: Freedom of movement provides special motivation hence increases efforts, improves efficiency, increases positive attitudes and activates habits and styles conducive to growth in reading.

16. TOP-DOG/UNDER-DOG[7] (Junior High School Through College)

Method: Individuals requested to select any significant split (ambivalence--feeling two different ways about something; conflict--being torn between two different choices) and engage in a conversation with himself taking real life parts. This could be about any contradiction (reading a book or watching TV; being nice to someone or rude, etc.). Person could use his left hand to take one side and his right hand arguing the other side.

Rationale: Ambivalence and conflict are normal aspects of living, recognizing this and consciousness of one's own situations reduces avoidance of decision-making, facilitates insights into one's own situations, attitudes and behaviors. This reduces guilt, anxiety, stress and makes efforts more efficient and life more enjoyable.

C. Understanding of Skills Paradigms/Self-Directed Activation - Level Three of Change Symptom Resolution

Sample techniques assigned to this category are designed to establish students' understanding of sequences for resolving problems ranging from decoding to studying, theme writing, etc. and to facilitate full utilization of his own problem-solving abilities. The teacher's acts and words are used to change behaviors, offer new discriminations, new ways, and methods for dealing with various reading problems and tasks. This increases independence and personal responsibility. An internal dialogue and sense of autonomy is established and this serves to shift student's locus of control and attribution of causality inward to himself. The feeling of "knowing how to improve" and knowing that he "can do" for himself now is at the last stages of remedial treatment.

1. MODELING[9] (All Ages)

Method: Teacher as "model" acts out/demonstrates step-by-step mastery behavior which could be about a reading, writing, study, organizational, and/or coping experience or task. The model could also think out loud as he/she performs demonstrating coping or mastery behavior, including facing and dealing with self-doubts/frustrations/low interest and/or knowing when one is doing well. Modeling situation could end with self-reinforcing statements on successful completion.

Rationale: Observer(s) convert(s) information from model to direct mental images; verbal and rehearsal responses are acquired, which are useful later for actual behavior. Observer acquires a set of self-instructions from model's physical, verbal, and affect demonstration as the observer is asked to talk out what he sees, express feelings about his own confidence and problems with the act and eventually to do the act himself.

2. ENCOURAGING ORIGIN BEHAVIORS[6] (Primary Through College)

Method: Teachers encourage students to explore self-concepts, set realistic goals of achievement, plan how they will meet various goals they set (select own materials, set up personal schedules, design own self-evaluations, etc.),

assume personal responsibility for monitoring their work, and for following their own plan; teachers help to assume feelings of personal control, independent self-direction and confidence.

Rationale: Students who initiate their own behavior show intentioned responses, see themselves as the locus of causality for behavior and outcomes, are more intrinsically motivated, and as an "origin" rather than a "pawn," are more impelled to meet goals they set for change, more realistic in expectations and more regular in effort and attention.

3. COGNITIVE RESTRUCTURING: FAULTY PROBLEM-SOLVING AND COPING SKILLS[9] (Primary Through College Levels)

Method: Teacher identifies deficiency or absence of specific adaptive, cognitive, or affective skills or behavior paradigm and teaches for these self-instructional problem-solving skills. This teaching involves step-by-step (how to identify problem(s), generate possible solution(s); select a solution; test and verify its efficacy) problem-solving, verbal cognitively-based sequence for given situation(s). This might include parallel "coping" skill for recognizing self-doubts/frustration/low interest/anxiety.

Rationale: Emphasis on formal cognitively-based logical systems through highly "directive" instruction, a sort of "engineering" of methodologies to deal with fundamental and basic sorts of problems (word recognition, comprehension, studying, theme-writing).

4. STRUCTURING[15] (All Ages)

Method: Teacher models by illustrating and by acting through and verbalizing all steps in a sequence pertaining to flexible use of a reading skill. Students verbalize their understanding of what was modeled and their feelings and insights on what was observed. Students try out and practice the new behaviors.

Rationale: Concrete illustration of a rational skills sequence adds to students' understanding and use of skills, verbalization by teachers and students subsequent to modeling with try-outs by students result in feelings that what happens is a function of their own efforts. Verbalization of being able to do something now, on one's own, that could not be done before enhances understanding and sense of autonomy.

5. SELF-INSTRUCTIONAL REHEARSAL[9] (All Ages)

Method: Teacher follows a sequence from (1) stating task and situation; (2) providing instructions to perform task slowly, thinking before acting; (3) presents a cognitive strategy sequence with imagry used in seeking a solution; (4) providing self-rewarding statements; (5) gives examples of poor (erroneous) responses followed by reasons why these were inappropriate; (6) gives statements on how to cope with failure. Students are taught how to self-monitor and evaluate and overty/covertly used the same sequence and verbalizations as teacher used in performing the targeted task.

Rationale: Necessary concepts and skills can be learned by the behavioral sequences provided and the self-directed verbal mediation and monitoring illustrated. The "mental checklist" is self-guiding and reinforcing and is useful in enhancing students' understanding, autonomy in dealing with various acts.

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